

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000189**

1. Entity Name

PINELLAS REAL INCOME COALITION, LTD.

FILED

00 JAN 27 AM 10:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 25400 US 19 NORTH, SUITE 206 CLEARWATER FL 33763	Mailing Address 2040 N.E. COACHMAN ROAD CLEARWATER FL 33765-2614
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3155566	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**KLEIN, MARK S
2040 NE COACHMAN ROAD
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$970,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	S61225 BAY REAL ESTATE INVESTORS CORP. 2040 N.E. COACHMAN ROAD CLEARWATER FL 33765	STREET ADDRESS CITY - ST - ZIP	600003119516--1 -02/01/00--01/28--006 ****526.25 ****526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIC** *[Signature]* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
MARK S. Klein, President
Date **1-13-00** Daytime Phone # **727-741-1951**

CR2E003 (9/99)